

**KNIGHTS OF COLUMBUS - NAIC 58033****LTC Individual - Comprehensive - Non-Tax Qualified**

Policy Form: LTC01-CA 1-02NT

**1. Maximum Policy Benefit (MPB)** = In year(s). Enter the number of days in Company Notes.

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
							YES	

MPB Company Notes:	_____ (Number of Days) times the Nursing Facility Daily Benefit = _____. Other Notes:
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**2. Nursing Home/Facility Daily Benefit Amounts (NHB)** - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
\$50	\$400		YES				

NHB Company Notes:	Enter Notes: None reported by the company.
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**3. Residential Care Facility Daily Benefit (RCFE)** - Represents the RCFE percentage of the Nursing Facility Limit.

100%	90%	80%	75%	70%	Other
YES					

RCFE Company Notes:	Enter Notes: None reported by the company.
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**4. Home Care Benefit (HCB)** - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

100%	90%	80%	75%	70%	60%	50%	None	Other
YES								

HCB Company Notes:	Enter Notes: None reported by the company.
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**5. Home Care Only Benefit Amounts (HCBO)** - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
						YES	

HCBO Company Notes:	Not Applicable: This LTC policy form is not a Home Care Only policy.
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**6. Qualification for Benefits (QB)**

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES				YES	YES	

<b>QB</b> Company Notes:	The need for human assistance or continual supervision to perform at least ____2____ of ____6____ Activities of Daily Living.
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**7. Elimination Period (EP) = In days Select all that applies.**

0	20	30	60	90	100	CALENDAR	SERVICE	Other
		YES	YES	YES		YES		YES

EP Company Notes:	Enter Notes: Other = 180 Days
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**8. Inflation Protection (IP)**

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES			

IP Company Notes:	Enter Notes: None reported by the company.
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**9. Waiver of Premium (WAVP)**

Enter Notes: None reported by the company.
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**KNIGHTS OF COLUMBUS - NAIC 58033**

Policy Form: LTC01-CA 1-02NT

**Long Term Care Insurance Rates**

LTC Individual - Comprehensive - Non-Tax Qualified

		30 Day Elimination Period - Calendar				90 Day Elimination Period - Calendar			
		3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION
ISSUE AGE									
50		\$447	\$1,252	\$749	\$2,135	\$399	\$1,118	\$669	\$1,906
55		\$572	\$1,454	\$964	\$2,483	\$512	\$1,298	\$860	\$2,217
60		\$771	\$1,744	\$1,306	\$2,982	\$689	\$1,557	\$1,166	\$2,662
65		\$1,146	\$2,267	\$1,949	\$3,885	\$1,023	\$2,025	\$1,740	\$3,469
70		\$1,847	\$3,218	\$3,155	\$5,522	\$1,649	\$2,873	\$2,816	\$4,930
75		\$3,387	\$5,228	\$4,827	\$7,479	\$3,025	\$4,668	\$4,310	\$6,678
80		\$4,870	\$6,762	\$6,955	\$9,680	\$4,348	\$6,037	\$6,210	\$8,644

**Customer Service Telephone Number:** (800) 380-9995 or (800) 214-9825